

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	45074.17
	First Named Inventor	Noureddin, et al
	COMPLETE IF KNOWN	
	Application Number	09 / 790,591
	Filing Date	Feb. 23, 2001
	Group Art Unit	not assigned
	Examiner Name	not assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTINUOUS MEASUREMENT-WHILE-DRILLING SURVEYING

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 02/23/2001 as United States Application Number or PCT International Application Number 09/790,591 and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/262,400	01-19-2001	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label **22828** OR ☐ Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

ABOELMAGD

Family Name
or Surname

NOURELDIN

(first and middle (if any))

Inventor's
Signature

Date

Feb. 14, 2001

Residence: City

Calgary

State

AB

Country

CA

Citizenship CA

Mailing Address

c/o Suite 130, 3553 - 31 Street N.W.

Mailing Address

City Calgary

State

Alberta

ZIP

T2L 2K7

Country

CA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

HERB

Family Name
or Surname

TABLER

(first and middle (if any))

Inventor's
Signature

Date

03/27/2001

Residence: City

Calgary

State

AB

Country

CA

Citizenship CA

Mailing Address

c/o Suite 130, 3553 - 31 Street N.W.

Mailing Address

City Calgary

State

Alberta

ZIP

T2L 2K7

Country

CA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
 Approved for use through 9/30/98. OMB 0051-0032
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet. Page <u>1</u> of <u>1</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
WINSTON		SMITH			
Inventor's Signature	<i>Winston</i>			Date	Feb 27/01
Residence: City	Calgary	State	AB	Country	CA
Post Office Address: c/o Suite 130, 3553 - 31 Street N.W.					
Post Office Address:					
City	Calgary	State	AB	ZIP	T2L 2K7
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
DAVE		IRVINE-HALLIDAY			
Inventor's Signature	<i>Dave Irvine - Halliday</i>			Date	15 Feb 2001
Residence: City	Calgary	State	AB	Country	CA
Post Office Address: c/o Suite 130, 3553 - 31 Street N.W.					
Post Office Address:					
City	Calgary	State	AB	ZIP	T2L 2K7
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
MARTIN P.		MINTCHEV			
Inventor's Signature	<i>M. P. Montchev</i>			Date	Feb 16/01
Residence: City	Calgary	State	AB	Country	CA
Post Office Address: c/o Suite 130, 3553 - 31 Street N.W.					
Post Office Address:					
City	Calgary	State	AB	ZIP	T2L 2K7

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+